PTO/SB/47 (09-06)

Approved for use through 04/30/2009. OMB 0651-0016

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

| "FEE ADDRESS" INDICATION FORM | | | |
|---|---|--------------|---|
| Address to: Mail Stop M Correspondence Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | - OR - | Fax to: 571-273-6500 |
| For 1.3 | INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403. For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with: X Customer Number: 26809 OR The attached Request for Customer Number (PTO/SB/125) form. | | |
| | PATENT NUMBE (if known) 6,956,272 | R | APPLICATION NUMBER |
| | | | |
| Con | npleted by (check one): Applicant/Inventor | | Signefüre |
| | Assignee of record of the entire in Statement under 37 CFR 3.73(b) (Form PTO/SB/96) | is enclosed. | Thomas J. D'Amico Typed or printed name (202) 420-2232 Requester's telephone number |
| | Assignee recorded at Reel Frame October 20, 2008 Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | |
| | *Total of 1 forms are | submitted. | |